# THE LARRYA. Green Genter

### **QUICK COVID-19 PRIMARY CARE SURVEY**

SERIES 25 FIELDED JANUARY 15 - 19, 2021

- 1. YOU SAID ASK US THIS! Please check all that apply.
  - My practice is limiting in-person visits for respiratory related illness
  - My practice is limiting in-person visits for non-respiratory illness
  - My practice is limiting in-person visits for preventive/chronic care visits
  - o Clinicians and staff in our practice are able to get COVID-19 testing when needed
  - I have received at least one dose of a COVID-19 vaccine
  - o I will voluntarily take a COVID-19 vaccine, when available
  - o There are clinicians in my office against use of a COVID-19 vaccine
  - This surge is much worse than any previous point in the pandemic
  - o I personally know primary care practices that have closed
  - o I personally know clinicians who have quit or retired early because of the pandemic
  - I have started taking new medication for work related anxiety/stress/depression due to the pandemic
  - o I have started counseling for work related anxiety/stress/depression due to the pandemic
  - None of the above
- **2. OVER THE LAST 4 WEEKS,** have COVID-19 related changes and pressures in your practice put unusual strain on your practice?

| o 1- no impact | o 2 | 0 3 | 0 4 | <ul> <li>5- severe impact</li> </ul> |
|----------------|-----|-----|-----|--------------------------------------|
|----------------|-----|-----|-----|--------------------------------------|

- **3. STRESSORS**. **Over the last 4 weeks**, which of these things are true for your practice? **Please check all that** apply
  - o Clinicians are out due to illness/self-quarantine
  - Clinicians have been redeployed to other locations
  - We have empty clinician positions we cannot fill
  - Staff are out due to illness/self-quarantine
  - We have empty staff positions we cannot fill
  - Lack of staffing has made it harder to meet patient needs
  - We have fewer direct patient care staff working in our office since March
  - We have had to shut down previous quality initiatives during the pandemic
  - We have cut back on the number of services we offer to patients during the pandemic
  - We have reduced or eliminated participation in educational training during the pandemic
  - We have reduced or eliminated our participation in research activities during the pandemic
  - Other (please specify)
- **4. TELEHEALTH**. **Over the last 4 weeks**, how would you describe your use of video and phone-based care? *Please check all that apply* 
  - I use video-based care for at least 20% of my patients
  - I use phone-based care for at least 20% of my patients
  - o I would like to use video-based care more but can't because of low reimbursement

- o I would like to use phone-based care more but can't because of low reimbursement
- Telehealth has been important for my capacity to see patients
- o Telehealth has enabled me to reach more of my vulnerable patients
- o Use of telehealth has made access harder for some of my patients
- o We use telehealth for visits with patients who have stable chronic conditions
- We use telehealth for mental health visits with our patients
- o We have increased use of telehealth during the flu/winter season
- o I am confident in my use of telehealth with patients
- o I have gained confidence in my use of telehealth during the pandemic
- o Increased use of telehealth will now always be a part of my practice
- Telehealth is easier with established patients
- None of these
- Other (please specify)
- **5. COVID-19 VACCINE A.** Our practice is willing to administer the COVID-19 vaccine... *Please check all that apply.* 
  - o ... but we have no clear plan
  - ... but we lack the storage required
  - o ... but we lack the staffing required
  - o ... but we lack the PPE required
  - o ... but we cannot get access to the vaccine
  - ... and we are waiting for delivery
  - o ... and we are currently involved in doing it
  - Our patients can receive the vaccine in our system, just not our practice
  - We are not planning to offer the vaccine
  - Other (please specify)
- 6. COVID-19 VACCINE B. Regarding the COVID-19 vaccine... Please check all that apply.
  - We are proactively scheduling at-risk patients to get the vaccine
  - We are proactively notifying all of our patients about how to get the vaccine
  - We have educational information in our practice to share with patients
  - o We wish we had educational information, but we can't find a good source
  - o It isn't the role of primary care to deliver the COVID-19 vaccine
  - Primary care should partner with public health in COVID-19 vaccine delivery
  - Primary care should partner with local health systems in COVID-19 vaccine delivery
  - o Our local health systems can get the vaccine, but smaller or independent practices cannot
  - We have not been included in any state or regional planning I have no idea when or if our practice will get the vaccine
  - We can't get the vaccine for our practice clinicians or staff
  - o When patients call to ask for the vaccine, we refer them to a known source
  - o Patients call asking where to get the vaccine and we don't know what to tell them
  - Other (please specify)
- **7. FLASH QUESTION:** Is primary care working with local public health? Are you or your practice working/planning/communicating with local public health during the pandemic? ... if so, in what way? ... if not, why not?

#### So that we can better understand your answers, please respond to the following:

| 8. | ls y | your | pract | ice |
|----|------|------|-------|-----|
|----|------|------|-------|-----|

- o ... owned by you?
- o ... independent but part of a larger group?
- o ... owned by a hospital or health system?
- o ... a government owned practice?
- None of the above

#### 9. Is the size of your practice...

- o ... 1-3 clinicians?
- o ... 4-9 clinicians?
- o ... greater than 10 clinicians?

#### 10. Is your practice setting...

- ... a primary care setting?
- ... primary care and a convenience care setting (retail, walk in, urgent?)
- o ... direct primary care or membership-based practice?
- o ... primary care and an academic or residency practice?
- Other (please specify)

#### 11. Is your practice... Please check all that apply

- o ... a rural practice?
- o ... a community health center?
- o ... an FQHC or FQHC look alike?
- o ... a free and charitable clinic?
- o ... designated patient-centered primary care home?
- o ... located within an office, school, or college?
- None of the above

## **12.** Roughly how much of your practice is... Please check best possible answer. If none of the answers fit, please check N/A.

|                                | <10% | 10-19% | 20-49% | >50% | Don't know | N/A |
|--------------------------------|------|--------|--------|------|------------|-----|
| Medicaid                       |      |        |        |      |            |     |
| Medicare                       |      |        |        |      |            |     |
| value based payment            |      |        |        |      |            |     |
| uninsured                      |      |        |        |      |            |     |
| low income patients            |      |        |        |      |            |     |
| non-English speaking patients  |      |        |        |      |            |     |
| race/ethnic minority patients  |      |        |        |      |            |     |
| patients with multiple chronic |      |        |        |      |            |     |
| conditions                     |      |        |        |      |            |     |

| С                         | Self employed   |
|---------------------------|---|
| С                         | An employee in a hospital or health system  |
| С                         | An employee in an independent practice  |
| С                         | A volunteer   |
| С                         | Other (please specify)  |
| 14. Wha                   | t is your specialty?  |
| С                         | Family medicine   |
| С                         | Internal medicine   |
| С                         | Pediatrics Pediatrics   |
| С                         |   |
| С                         | ,   |
| С                         | '   |
| С                         | Other (please specify)  |
| 15. Wha                   | t type of certification do you have?  |
| С                         | o MD  |
| С                         | DO DO   |
| С                         | o NP  |
| С                         | PA  |
| С                         | p PhD   |
| С                         | p PharmD  |
| С                         | Other (please specify)  |
| <b>16. In wl</b><br>locat | hat state is your practice located? If multi-state, please answer for the state in which your practice is red.  |
| 17. Wha                   | t is your zip code? If multi-state, please answer for the state in which your practice is located.  |
|                           | ere anything else you would like us to know about your experience in primary care during this lemic, or any questions you would like us to ask?   |
|                           | you willing to participate in other research activities with our team? If so, please leave your email ess here. Your email address will not be shared or used for any other reason.                       |
| -                         | you willing to talk to a reporter about your experiences in a practice during the pandemic? If so, see leave your email address here. Your email address will not be shared or used for any other reason. |
| 21. Wou                   | ld you like to receive an email invitation to this survey each week?  |
| С                         | yes   |
| С                         |   |
|                           | se enter your email address here to receive the survey invitation. We will not use your email address nything else and it will not be shared for any reason.  |

Larry A. Green Center: www.green-center.org

13. Are you... Please check all that apply

o An owner or partner in your practice